CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and of	d signed by candidate.	3, This Statement covers Fron	n: 01/01/15 to 0	7/20/15
1. Committee I.D. Number	,	4. Candidate Last Name	First Name	M.I.
14074		Hickner	Thomas	L'
0.00 111 11		4a. Office Sought Including Dis	strict # or Community Served (
2. Committee Name	•	County Executive		
Tom Hickner for County Exec	cutive	4b, County of Residence BA	Υ	
5. Committee's Mailing Address 1821 E. Westgate Drive 3ay City MI 48706		6. Treasurer's Name & Reside Thomas L. Hickner 4821 E. Westgate D Bay City MI 48706		
Area Code and Phone (989) 992-4579 If the address in this box is different from the commailing address on the Statement of Organization, be sent to this address by the filing official.		Area Code & Phone (989) 9	4.	
7. Treasurer's Business Address 515 Center Avenue Suite 401 Bay City MI 48708		8. Designated Record keeper Designated Record keeper) n/a	's Name and MaTHIA A. LUCZAK	INTERMEDIAL COURT
Area Code and Phone		Area Code and Phone	<u> </u>	
9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to:	Required ON is not on the current year:			Ve certify any outstanding debt idate or his or her spouse is here and no longer collectible from se has no oustanding assets,
PrimaryGeneral	October Q	uarterly	Further, if the dissolution cann	not be granted, that this be
Convention			considered a request for the F	reporting vvalver.
Special School	9c. Annua	l Statement () Coverage Year	Effective date of dis	ssolution
Caucus	(Comp	dment to Campaign Statement olete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The disposition of resid Schedule 1B and the Summa	lual funds must be reported on ary Page,
Date of Election, Convention or Caucus				
Verification: I\We certify that all reasonable diligonyiour knowledge and belief the contents are true, and the contents are true.	ence was used i accurate and co	in the preparation of this statement of the preparation of this statement in the preparation of the preparat	ent and attached schedules (if	any) and to the best of
Designated Record keeper Thomas L. H	ickner		Date .	7-27-2015
Type or Print Name Candidate Thomas L. Hickner		Signature	Date	7-27-2015
Type or Print Name		Signature		

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

Tom Hickner for County Executive

Enter contributor's nar middle initial. Check to Committee (PAC) Rep	ox to indicate if con	tribution is	from a Political		nter last name, first name, tee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	PAC Receipt?	YES	4. Date o	of Receip	t	-	
				Vor	16	\$	
5. If over \$100,00 cun			•	A STATE OF THE PARTY OF THE PAR		Click Here	for Memo Itemization
Occupation		_ Employ	er		-		
Business Address		_					
Type of Contribution:	Direct	Loan	rom a person		Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	YES	4. Date o	f Receipt			
						\$	\$
5. If over \$100.00 cum	ulative, please pro	vlde:				Click Here f	or Memo Itemization
Occupation		_ Employer					
Business Address							
Type of Contribution:	Direct	Loan fr	om a person		Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?	YES	4. Date o	of Receip	ıt	-	
						\$	_ \$
						Click Here fo	or Memo Itemization
5. If over \$100.00 cum	ulative, please pro	vide:				Click Here it	n Memo Remization
Occupation		Employe	er				
Business Address							
	Direct	Loan f	rom a person		Fund Raiser	-	
Contribution # 4 Name & Address	PAC Receipt?	YES	4. Date	of Receip	ot		
Maille & Address							
							\
		•				\$. \$
5. If over \$100.00 cum	ulative, please pro	vlde:				Clink Horn fo	or Memo Itemization
Occupation		_ Empl	oyer			Click Here it	, weillo Remization
Business Address		•					
Type of Contribution:	Direct	Loan f	rom a person		Fund Raiser		
					Page Subtotal	\$0.00	
				Grar	nd Total of All Schedules 1A	\$0.00	
				(Comple	te on last page of Schedule)	Enter this total on	
Page of 12	-					line 3a of Summar Page.	<i>,</i>



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number 14074

		Committee Name I OM HICKN	er for County Executive
3. Name & Address From Whom Receive		5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt	Loan from a Lending Inst	litution
Name & Address.	6	Interest	\$
	None	Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #2 Name & Address:	Date of Receipt	Loan from a Lending Ins	titution
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Inst	itution
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #4 Name & Address:	Date of Receipt		2441
Name & Address.		Loan from a Lending Insti	\$
		Interest Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending Instit	lution
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #6 I Name & Address:	Date of Receipt	Loan from a Lending Inst	itution
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #7 I Name & Address:	Date of Receipt	Loan from a Lending Inst	
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
***************************************			Page Subtotal \$0.00
		Grand Total of All S (Complete on last pa	Schedules 1A -1 age of Schedule) \$0.00

Page 2 of 1.7

Enter this total on line 4 of Summary

Page

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

SCHEDULE 1 B - G

1. Committee I.D. Number

C	Δ	N	D	ı	D	Δ	TE	CO	M	ı	Λ	ITT	Œ	E

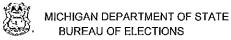
Tom Hickner for County Executive

USE THIS FORM TO REPORT EXPENDITURE							
CHALLENGERS, POLL WATCHERS, POLL W	VORKERS, AND GE	=1-OU1-IHE	VOIE ACTIV	IIIY. Describe t	ne specilic	Get-Out-The -V	ote activity in
Item 4f. ALL	EXPENDITURES A	RE REQUIRE	ED TO BE ITE	MIZED			
Name and address of person or vendor to who	m the	4. Type of Ac	ctivity	•		5. Date	6. Amou
expenditure was made			-		j	o. Duto	

Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
Expenditure #1	a. Election Day Busing of Voters To The Polls		
Name & Address:			
	b. Slate Cards c. Challengers		
NONE	d. Poll Watchers e. Poll Workers		\$
		Date	<u> </u>
	f. Get-Out-The Vote Activity (Specify):		
	Clic	k Here for Memo	Itemization Type
For Activity Type b-f, check one:			
In-Kind Independent			
If in support of, or in opposition to, a ballot proposal, check one:	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	dest of obligation reported on previous statement		
Support Dppose			
Statewide Proposal Name	Local Proposal Name Ir	dicate County	
Expenditure #2	Control Burgorian (Control E		
Name & Address:	aElection Day Busing of Voters To The Polls		
	b. Slate Cards c. Challengers		
	d. Poll Watchers e. Poll Workers	Date	\$
	f. Get-Out-The Vote Activity (Specify):	Date	
	Click	Here for Memo II	emization Type
For Activity Type b-f, check one:			
In-Kind Independent			
If in support of, or in opposition to, a ballot proposal, check one:	Check box if this expenditure is payment of		
Support Oppose	debt or obligation reported on previous statement		
Statewide Proposal Name Lo	ocal Proposal NameIndic	ate County	
Expenditure #3	a. Election Day Busing of Voters To		
Name & Address:	The Polls	•	
	b. Slate Cards c. Challengers		
			÷
	d. Poll Watchers e. Poll Workers	Date	۶ <u> </u>
·	f. Get-Out-The Vote Activity (Specify):		
For Activity Type b-f, check one:		Here for Memo It	emization Type
In-Kind Independent			
_	Check box if this expenditure is payment of		
If in support of, or in opposition to, a ballot proposal, check one: Support Oppose	debt or obligation reported on previous statement		
Statewide Proposal Name	Local Proposal Name li	ndicate County 👱	
	Su	btotal this page	\$0.00
		Level brash	ΨΟ.ΟΟ

Grand Total of all Schedules 1B-d (Complete on last page of Schedule) \$0.00

Enter total on Line 8b Summary Page



ITEMIZED IN-KIND EXPENDITURES SCHEDULE 1B – IK

CANDIDATE COMMITTEE

14074

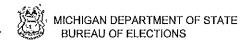
1. Committee I. D. Number
2. Committee Name
3. Committee Name
4. Committee Name
4. Committee Name
5. Committee Name
6. Committee Name
7. Committee Name
8. C

Name and Address of person to whom goods or services were donated or transferred.	Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable Institution Donation of assets to Political Party Committee Other Description	Date e Click Here for Memo	\$ltemization Type
Expenditure #2 Name & Address:	Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date Click Here for Memo	\$lternization Type
Expenditure #3 Name & Address:	Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date Click Here for Memo	\$ltemization Type
Expenditure #4 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date Click Here for Memo I	\$ltemization Type
Expenditure #5 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date Click Here for Memo I	\$
		Page Subtotal	\$0.00

Grand Total of all Schedules 1B-IK (Complete on last page of Schedule)

Enter this total on line 7 of the Summary Page

\$0.00



14074

DEBTS AND OBLIGATIONS 1.0	Committee I.D. Number 1407	4		
SCHEDULE 1E	Tom Hick	ner for County	Executive	
CANDIDATE COMMITTEE 2.0	Committee Name 1 0111 1 11CF	The for County	LACCULIVO	
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the cor (Che	nmittee OR b. Deb eck either a or b. Use only for the po	ts and obligations owed <u>to</u> urpose checked.)	or forgiven <u>by</u> the co	mmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type:	\$	-	
	6. Original Amount of Debt:	\$ \$	\$	\$FORGIVEN
If bank loan, name of endorser or guarantor:		Aı	nount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: 5. <u>Date Debt Was Incurred</u> :	\$		
	6. Orlginal Amount of Debt:	\$ \$	\$	\$FORGIVEN
If bank loan, name of endorser or guarantor:			mount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type: 5. <u>Date Debt Was Incurred</u> :	\$ \$ \$		
	6. Original Amount of Debt:	\$ \$. \$	\$FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$_	
· (C	complete on last page of Schedule s	_	al (Outstanding debt) al of all Schedules 15 or to the committee)	\$0.00 \$0.00 Enter this total on line 12a "owed by" or line 12b

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

"owed to" of the Summary Page

Page 5 of 17



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

14074

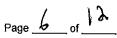
1. Committee I. D. Number

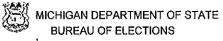
2. Committee Name Tom Hickner for County Executive

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name St. Patrick's Parade		01/28/15	40.75
	ad	Date	\$ <u>18.75</u>
Address PO Box 1304	Purpose: ad	Dato	
Bay City MI 48707	Click	Here for Mem	o Itemization Type
,,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2	Statement		
Name Bay County Democratic Party		05/15/15	
Bay county Bemooration arty		Date	\$ <u>200.00</u>
Address	Purpose: ad Spring Fling	Date	
5265 Two Mile Road	Glick	Here for Memo	Itemization Type
Bay City MI 48706		TOTO TOT THICTH	nonazadon Type
Found Between	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name Bay City Democrat		05/15/15	\$32.33
Address	Purpose: tickets UAW 362 retirees	Date	\$ <u>32.33</u>
P.O. Box 278	ruipose.		
Bay City MI 48707	Click I	lere for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement statement		
Expenditure #4			ì
Name Friends of Celtic Culture		05/15/15	
Address	ad.	Date	\$ <u>100.00</u>
2631 Simon Street	Purpose: ad		
Bay City MI 48708	Click H	lere for Memo	Itemization Type
, , ,	Check box if this expenditure is payment of		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Fund Raiser	debt or obligation reported on previous		
Expenditure #5	statement	· · · · · · · · · · · · · · · · · · ·	
			j
Name National Association of the Physically Handicapped	_	05/15/15	640.00
Address	Purpose: ad	Date	\$ <u>40.00</u>
2963 Meadowberry Court		lara far Mana	Hamisation Trees
Bay City MI 48706	Check box if this expenditure is payment of	eie ioi Memo	Itemization Type
Fund Raiser	debt or obligation reported on previous statement		
		lal Mate (0004 ==
	Subtol	lal this page	\$391.08

Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page





1. Committee I. D. Number 14074

(For use by officeholders only)

Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Tom Hickner 4821 E. Westgate Drive Bay City MI 48706	Purpose See below	03/03/15 Date Click for Memo Iter	\$ 1,085.86
Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 2	Disbursement Code Fund Raiser	· · · · · · · · · · · · · · · · · · ·	
Name & Address: St Brigid Division 1316 Broadway	food baskets	12/15/14 Date	<u>\$-50.00</u>
Bay City MI 48708		Click for Memo Iten	nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
Disbursement # 3 Name & Address: Uptown Grill 3 E. Main Street	staff x-mas party	12/19/14 Date	ş <u>-85.99</u>
BAy City MI 48708		Click for Memo Item	nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code F 0		
Disbursement # 4 Name & Address: Rotary International P.O. Box 42 Bay City MI 48707	Purpose International night	10/23/14 Date Click for Memo Item	\$-50.00
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code & U	-	
	Grand Tota (Complete on la	Subtotal this page l of all Schedules 1C st page of Schedule)	- 185.99

Enter this total on line 10a of **Summary Page**

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

1. Committee I. D. Number 14074

(For use by officeholders only)

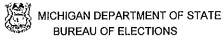
Tom Hickner for County Executive

(1 of use by officeriolders offiy)			,
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Mindykowski for State Senate 804 S. Arbor Bay City MI 48706	Purpose fund raiser	10/03/14 Date Click for Memo Iter	→ 100.00
Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 2 Name & Address: Bay County Democratic Party 5265 Two Mile Road Bay City MI 48706	Disbursement Code	05/09/15 Date	§ <u>50.00</u>
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	Click for Memo Iter	nization Type
Disbursement # 3 Name & Address: US Postal Service Washington AVenue Bay City MI 49708	Purpose post office box	03/07/15 Date Click for Memo Iter	358.00
Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 4 Name & Address:	Disbursement Code AO Fund Raiser Purpose Volunteer refressments		10.10
Horn's 7300 Main Street Mackinac Island MI 49757		Date Click for Memo Iter	mization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code Fund Raiser	Subtotal this page	\$224.46
	Grand Total o	of all Schedules 1C page of Schedule)	Enter this total

on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

Page 8 of 12



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C

CANDIDATE COMMITTEE

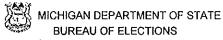
1. Committee I. D. Number 14074

2 Committee Name	Tom Hickner for County I	Executive

(For use by officeholders only) 2.	Committee Name		
3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Hanley for County Commissioner 203 S. Bates Saginaw MI 48602	Purpose fund raiser	11/06/14 Date Click for Memo Iter	320.00
Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 2 Name & Address: Schauer for Governor PO Box 100 Battle Creek MI 49016	Disbursement Code	10/27/14 Date Click for Memo Item	-\$250.00 nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
Disbursement # 3 Name & Address: Polish Falcons 1401 S. Grant Bay City MI 48708	Purpose raffle fund raiser	09/11/14 Date Click for Memo Item	\$100.00
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
Disbursement # 4 Name & Address: US Postal Service Washington Avenue Bay City MI 48708	Purpose postage	03/07/15 Date Click for Memo Item	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	Subtotal this page	¢440.00
		Subtotal this page l of all Schedules 1C st page of Schedule)	Enter this total

on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES



1. Committee I. D. Number 14074

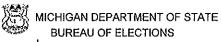
(For use by officeholders only)

2. Committee Name Tom Hickner for County Executive

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Old City Hall 814 Saginaw Street Bay City MI 48708	Purpose volunteer refreshments	06/02/15 	\$-14.63 nization Type ▼
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeA U		
Disbursement # 2 Name & Address: Old City Hall 814 Saginaw Street Bay City MI 48708	Purpose 1/2 dinner with Brunner	06/02/15 Date	_{\$} -25.95
Day Oily Will 40700		Click for Memo Iten	nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code A O Fund Raiser		
Disbursement # 3 Name & Address: Bay City Country Club 7255 3 Mile Road	volunteer refreshments	10/17/15 Date	_{\$} -20.32
Bay City MI 48706	•	Click for Memo Item	ization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
Disbursement # 4 Name & Address: Bart's 804 S. Mildand Street	volunteer refreshments	06/11/15 	_{\$} -35.31
Bay City MI 48706	•	Click for Memo Item	ization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code AU Fund Raiser		
		Subtotal this page	-\$96.21
	Grand Total o (Complete on last	f all Schedules 1C page of Schedule)	-1000004

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES



1. Committee I. D. Number 14074

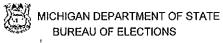
(For use by officeholders only)

Tom Hickner for County Executive

(,			
3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1	Purpose		
Name & Address:	volunteer refreshments	40/00/44	40.76
3arts	volunteer refreshments	12/09/14	_{\$} -48.76
304 E. Midland Street		Date	
Bay City MI 48706	(Click for Memo Iten	nization Type
	Dishuranani Cada AO		
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation	Fund Raiser		
reported on previous statement	T GHG T GHOOT		
Disbursement # 2	Purpose		
Name & Address:	volunteer refreshments	03/18/15	_s -38.09
Barts	voiding of Ton Commonic	Date	,
804 E. Midland Street		Date	
Bay City MI 48706	(Click for Memo Item	nization Type
	A .		
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation	Fund Raiser		
reported on previous statement	Li did Maisci		
Disbursement # 3	Purpose		
Name & Address:	volunteer refreshments	09/03/14	_s -36.79
SBYC	Voluntoon Ton Continuento	Date	. *
2313 Weadock HWY		Date	
Essexville MI 48732			1.00
	C	Click for Memo Item	ization Type
	Disbursement Code AO		
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		
Disbursement # 4	Purpose		
Name & Address:	•	07145144	17.07
Old City Hall	volunteer refreshments	07/15/14	_{- \$} -17.07
		Date	
814 Saginaw	C	Click for Memo Item	ization Type
Bay City MI 48708			
П	AU		
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		
	S	Subtotal this page	-\$140.71
	Grand Total of	all Schedules 1C	· ·
	(Complete on last p	age of Schedule)	Enter this total

on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS **SCHEDULE 1C**

1. Committee I. D. Number 14074

CANDIDATE COMMITTEE (For use by officeholders only)

Tom Hickner for County Executive

Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5, Date	6, Amount of Disbursement
Disbursement # 1 Name & Address: Old City Hall 814 Saginaw Bay City MI 48708	Purpose volunteer refreshments	06/10/06 Date Click for Memo Ite	\$ <u>~19.49</u> mization Type ▼
Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 2 Name & Address:	Disbursement Code		_ \$
		Date Click for Memo Iter	mization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeFund Raiser		
Disbursement # 3 Name & Address:	Purpose	Date Click for Memo Iter	nization Type
Check box If this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
Disbursement # 4 Name & Address:	Purpose	Date Click for Memo Iten	\$nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeFund Raiser		
		Subtotal this page	-\$19.49
	Grand Total ((Complete on last	of all Schedules 1C t page of Schedule)	~1085.86

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES